

INTERSTATE COMPACT FINANCIAL/MEDICAL PLAN

			Date:	
Child's	Name		Child's DOB	Child's SSN
Placem	ent Resour	ce Name:		
				Social Worker's Name (Print)
Placem	ent Adare:	ss:		
				Social Worker's Signature
		THIS CHILD	IS CURRENTLY	TITLE IV-E ELIGIBLE
AND:				•
AI (D.	тне сн	ILD IS TO BE PLACED WIT	H THE PARENT:	
	Financial	Plan:		
		The parent is expected to support		
			or welfare assistance	in the receiving state if they are unable to
	Medical I	upport the child.		
		The parent is expected to provide	e medical coverage fo	r this child
				or the child in the receiving state.
OR				
*		ILD TO BE PLACED IN A R	ELATIVE OR NON	-RELATIVE <u>LICENSED</u> SUBSTIUTE
	CARE:	Diversi		
	Financial		vment from Idaho (H	ome must be licensed or home must meet
		icensing requirements in receivi		one must be needed of nome must meet
	Medical	• •	8	
		——————————————————————————————————————	RA to receive a medic	al card in the receiving state. (Resource may
	r	eed to apply.)		
OR	mur ou	W D YOMO DE DI ACED IN I	MI IOENOED DEL	min of the continue of a day.
*	THE CHILD IS TO BE PLACED IN <u>UNLICENSED RELATIVE</u> SUBSTITUTE CARE: Financial Plan:			
		The relative placement is financially	able and willing to sup	port the child.
		Planning to apply for a relative c		
	Medical ?			
		The relative in the receiving state is		
OR		Aedicai coverage provided throu	ign I ANF caretaker g	grant. (Resource needs to apply.)
OK ❖	тиг си	ILD IS TO BE PLACED IN A	DOPTIVE PLACE	MENT:
•	THE CHILD IS TO BE PLACED IN <u>ADOPTIVE</u> PLACEMENT: Financial Plan:			
				ome must be licensed or home must meet
	1	icensing requirements in receivi	ng state.)	
		Eligible to receive adoption subs	sidy payments from Id	aho.
	Medical I		ORRA/ICAMA to to	ceive a medical card in the receiving state.
		Resource may need to apply.)	OBRAJICANIA (U 16	